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Bib Data Sheet

**CONFIRMATION NO. 9106**

SERIAL NUMBER 10/727,626	FILING DATE 12/05/2003  RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 06530.0318
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/04/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>MA</i>	MA	11	110	9

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## TITLE

Medical device with deflecting shaft and related methods of manufacture and use

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )

2906	<div data-bbox="1015 157 1458 262"><input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____</div>
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